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DECLARATION FOR UTILITY OR

Attorney Docket Number

First Named Inventor

DESIGN		ROBER	RT A. GALL					
PATENT APPLICATION		COMPLETE IF KNOWN						
(37 CFR 1.63)	Application	Application Number						
X Declaration Declaratio	· · · · · · · · · · · · · · · · · · ·							
Submitted OR L Submitted UR Submitted With Initial Filing (sur	after Initial Art Unit	-						
Filing (37 ČFR 1 required)		Name						
I horoby doctors that								
I hereby declare that:								
Each inventor's residence, mailing address, and	d citizenship are as stated t	elow next to their name.						
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
			·					
	LICENSE PLATE	IDENTIFICATION	DISPLAY					
the specification of which	(Title of the Invention)		·					
<u>কি</u>								
is attached hereto								
OR								
was filed on (MM/DD/YYYY)	as Un	ted States Application Num	nber or PCT International					
Application Number	and was amended on (MM/	DD/YYYY)	(if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for								
continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under			application(s) for patent,					
inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one								
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date								
before that of the application on which priority is claimed.								
Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY)	Priority C Not Claimed	ertified Copy Attached? Yes No					

N/A	•							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

rect all correspondence to:					OR	x	Correspondence address below		
Name									
ROBERT A.GALL									
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US	303-840-			884 303-840-			303-	7684	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) ROBERT ANDREW					Family Name or Surname GALL				
Inventor's	DENT ANDI	X E W		,				GALL	Date
Signature	et I	relien		bal	Q	-			4-22-04
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NAME OF SECOND INVENTOR: N/A A petition has been filed for this unsigned inventor							or this unsigned inventor		
Given Name				Family Name					
(first and middle [if any])					or Surname				
Inventor's Signature									Date
Residence: City	State		Country			Citizenship			
Mailing Address									
City	State				ZIP			Count	ry
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									
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